

MINUTES OF THE HDD STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE MEETING

Date of Meeting: **09:30, Thursday 31 October 2024**
 Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present: Mr Maynard Davies Independent Board Member (Committee Chair)
 Mr Michael Imperato Independent Board Member (Committee Vice Chair)
 Ms Eleanor Marks, Hywel Dda University Health Board (HDdUHB) Vice Chair
 Cllr Rhodri Evans Independent Board Member
 Mr Winston Weir, Independent Board Member

In Attendance: Mr Shaun Ayres, Deputy Director of Operational Planning and Commissioning representing Mr Lee Davies, Director of Strategy and Planning
 Mr Andrew Carruthers, Chief Operating Officer
 Mr Huw Thomas, Director of Finance
 Dr Bruce Bolam, Deputy Director Public Health/Consultant in Public Health representing Dr Ardiana Gjini, Director of Public Health
 Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk representing Ms Joanne Wilson, Director of Corporate Governance/Board Secretary
 Mr Peter Skitt, County Director Ceredigion representing Ms Jill Paterson, Director of Primary Care, Community and Long Term Care
 Mrs Helen Mitchell, Committee Services Officer (Secretariat)

Minutes Ref.	Item SDODC (24)110	Action
	Ms Danielle Charles, Senior Nurse Manager (LTC) Ms Tracy Devantier, Performance and Improvement Manager	
	Item SDODC (24)111 Ms Trina Nealon, Principal Public Health Officer	
	Item SDODC (24)112 Ms Sarah Bolton, Head of Primary Care Transformation Ms Anna Henchie, Principal Programme Manager, Engagement and Transformation Programme Office	
	Item SDODC (24)113 Mr Owain Williams, Lead Pharmacist - Primary Care & Community Pharmacy	
	Item SDODC (24)115 Ms Karen Amner, Directorate Support Manager, Mental Health Central Services Ms Kay Isaacs, Interim Assistant Director of Mental Health & Learning Disabilities	

Items SDODC (24)117 and SDODC (24)118

Ms Eldeg Rosser, Head of Capital Planning

Item SDODC (24)119

Mr Sion Charles, ARCH Head of Strategy and Service Planning

SDODC (24)103 Introductions and Apologies

Mr Maynard Davies welcomed members to the Strategic Development and Operational Delivery Committee (SDODC) meeting.

The following apologies for absence were noted:

- Mr Lee Davies, Director of Strategy and Planning
- Ms Jill Paterson, Director of Primary Care, Community and Long Term Care
- Dr Ardiana Gjini, Director of Public Health
- Ms Joanne Wilson, Director of Corporate Governance/Board Secretary

SDODC (24)104 Declarations of Interest

No Declarations of Interest were noted.

SDODC (24)105 Minutes and Matters Arising from the Meeting held on 29 August 2024

RESOLVED - the minutes of the SDODC meeting held on 29 August 2024 were **APPROVED** as an accurate record of proceedings.

SDODC (24)106 Table of Actions from Meeting Held on 29 August 2024

SDODC (24)87: Cluster Integrated Medium Term Plan Monitoring Report: Mr Mansfield has been tasked with investigating scaling up and rolling out successful cluster projects, including linking with Value Based Healthcare colleagues as part of an ongoing piece of work. The Committee requested that an update report outlining work undertaken be presented.

RB

SDODC (24)107 Operational Risks

Ms Charlotte Wilmshurst presented the Operational Risks Assigned to Strategic Development and Operational Delivery Committee (SDODC) report, indicating that six operational risks were aligned to SDODC, with three new risks added since the previous report by the Director of Public Health. One risk had decreased in score to 9 following discussions with the Executive Team.

Mr Michael Imperato highlighted the cessation of funding for the Whole School Approach to Emotional and Mental Wellbeing (WSAEMWB) Implementation Lead role; and the impact on service delivery due to lack of recurring funding for Prevention and Early Years which appears to be contrary to Hywel Dda University

Health Board's (HDdUHB) objectives. Mr Maynard Davies concurred and Mr Huw Thomas indicated that that Dr. Ardiana Gjini had highlighted the issue of funding cessation at national level and had been actively advocating for the continuation of funding. He also emphasised that this risk should be considered when setting budgets for the next fiscal year, acknowledging a potential funding gap should the Welsh Government (WG) be unable to provide the necessary funding. In such circumstances, the Health Board would need to decide on funding priorities. This would be a significant discussion as part of the overall budget acceptance for the next financial year. It is possible that when next year's budget is set, WG may reprioritise, thereby resolving the issue. A watching brief should be maintained on this matter. Mr. Thomas suggested that a fundamental rethink of HDdUHB's planning approach to determine the appropriate capacity responses might address the demand challenges. Ultimately, the service and strategy should be prioritised.

Mr Winston Weir raised concerns regarding Risk 1844: *Risk of not being able to provide a timely and effective Public Health service due to limited Public Health Consultant capacity*, noting that currently only one Public Health consultant (Dr Bruce Bolam) had been appointed out of the four positions established; and that the need to shift from demand measures to preventative measures required Public Health expertise. Mr Maynard Davies requested that Dr Gjini provide an update on the recent recruitment of additional Public Health consultants.

GJ

Mr Shaun Ayres indicated that clarity is required regarding Health Board aims both in the short and medium term; and whether the appropriate resource has been allocated to each programme. He highlighted the ongoing challenge emphasising that that 2025-26 becomes even more challenging in terms of performance and having the correct programmes and milestones in place to track the refreshed Strategy and the Clinical Services Plan (CSP), alongside Targeted Intervention measures.

The Committee agreed that while the risks had been reviewed and scrutinised, they were not assured that all relevant controls and mitigating actions were in place.

Decision: The Strategic Development and Operational Delivery Committee:

- REVIEWED and SCRUTINISED the risks included within the Operational Register and DID NOT RECEIVE ASSURANCE that all relevant controls and mitigating actions were in place
- DISCUSSED whether the planned action would be implemented within stated timescales and would reduce the risk further and/ or mitigate the impact, should the risk materialise.

SDODC (24)108 Monitoring Welsh Circulars (WHCs)

Dr Bruce Bolam presented the Monitoring of Welsh Health Circulars (WHCs) report, highlighting that the Influenza (Flu) programme for this year had commenced across the Health Board, targeting both healthcare workers and the broader community at risk. There is ongoing national concern regarding measles outbreaks; and Public Health Wales and the Board recognise measles as a significant risk. He also advised that current data indicates that vaccination rates are not at the desired level and that efforts are being made to address the low uptake of measles vaccinations. Collaboration is ongoing with colleagues in Infection Control and Occupational Health.

Ms Eleanor Marks enquired about current vaccination campaigns for staff and offered to share, in the form of a blog, her recent experience having the Measles, Mumps, Rubella (MMR) vaccine. Dr Bolam confirmed that most staff should have completed the occupational health form upon joining HDdUHB, indicating their vaccination status. He acknowledged that full details are not known and agreed to investigate with a view to sharing this information. He also confirmed that routine vaccinations are a focus through occupational health and safety, especially during the Flu period. Clinics are providing multiple vaccines, including COVID-19 and potentially measles for staff who require it. There are no barriers or capacity issues in delivering vaccinations because Public Health immunisers are available to support should there be an immediate surge or push to ramp up vaccinations.

BB

SDODC agreed that the Board could be assured by this position.

Decision: The Committee:

- RECEIVED ASSURANCE from the Lead Executive/Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC would be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these were being managed effectively.

SDODC (24)109 Targeted Intervention Annual Plan Update - Including PO Update Report

Mr Ayres presented the Targeted Intervention (TI) update, indicating that while the considerable resource and volume of work undertaken to date to reach Hywel Dda University Health Board's (HDdUHB) £64m deficit target was acknowledged, he was concerned about the alignment of the Urgent and Emergency Care (UEC), Cancer and Diagnostics programmes with the Clinical Services Plan. Following the last Targeted Intervention meeting with Welsh Government and subsequent follow-up, several key areas were identified for the Committee to monitor closely:

- Urgent and Emergency Care: Improvement has been noted, particularly in the Pembrokeshire system. There is a need for a clear plan with actions, milestones, and owners to replicate or adjust this model for Glangwilli Hospital (GGH).
- Cancer Performance: Challenges in diagnostics and individual cancer pathways require strong focus from the Committee.

Alignment with the CSP will be an area of focus, particularly in light of the upcoming Strategy refresh and financial planning for 2025-26. Mr Ayres emphasised the need to balance financial expectations with performance, quality, and workforce leadership.

In response to Mr Weir's enquiry regarding the Pembrokeshire system and whether it's success could be replicated across Carmarthenshire, particularly GGH, Mr Andrew Carruthers indicated that the work undertaken in Pembrokeshire was the result of two years of discussion, engagement, and ownership to reach its current level. Carmarthenshire is not yet at the same level of maturity. He advised that key voices from Pembrokeshire were helping to progress work in Carmarthenshire, particularly at GGH, which is facing significant performance challenges. A plan from the Carmarthenshire system is expected to be presented to the Integrated Quality, Financial Performance and Delivery Group (IQPFD) on 13 November, ahead of a Directorate Improving Together Session (DITS) meeting on 14 November 2024.

Mr Carruthers indicated that Mr Peter Skitt is in the process of developing a clear plan for Urgent and Emergency Care with specific actions, milestones, responsible owners and expected outcomes. A group of senior clinicians had been assembled to engage in the work. A productive first meeting was held, showing good clinical engagement and alignment on necessary actions. The focus now is on detailing how to achieve these actions.

Mr Skitt indicated that a quality intervention will start on 1 November 2024. A team will be based at GGH, creating an improvement hub for staff to engage with and link into. This group will be responsible for developing a comprehensive 12-week plan. Positive outcomes in the Pembrokeshire system had been highlighted and shared with Carmarthenshire teams to facilitate performance improvements at Glangwili Hospital.

An Executive Steering Group, chaired by Mr James Severs, has been established to provide oversight on the Getting it Right First Time (GIRFT) responses related to Emergency Departments (EDs). This group will also oversee work at GGH and ensure similar responses for other sites such as Bronglais and Withybush Hospitals. Mr Carruthers emphasised that while Withybush Hospital (WGH) is performing better in relation to Wales and the

UK, there is no room for complacency. The goal is to achieve high performance across all sites.

Ms Eleanor Marks enquired about HDdUHB plans to cope with extra demand over the winter period and whether a Winter Plan had been developed. Mr Carruthers indicated that WG no longer require the Health Boards to provide a Winter Plan, rather the Regional Partnership Boards (RPBs) have been asked to respond to a checklist, and a 50-day plan request has been issued by the Cabinet Secretary, stemming from the Care Action Committee's work. This plan involves both Health Board and Local Authority (LA) efforts to reduce length of stay and expedite patient discharge. HDdUHB's plan for winter is to continue working through the Six Goals programme improvement work and ensure that the escalation plans and systems are as robust and resilient as possible. The plan has remained consistent over the past two to three years, with no significant changes expected heading into this winter. Without additional funding to open more capacity or services, the focus will be on improving relationships, flow, discharge, and reducing admissions.

The discussion highlighted that while the winter plan does not introduce new strategies, it is crucial to be prepared for increased pressures and ensure that any additional risks are identified and mitigated. The importance of maintaining robust systems and processes was emphasised.

Ms Marks reiterated her concerns regarding winter pressures and Mr Carruthers indicated that HDdUHB has escalation plans for managing emergency demand and pressure. Should demand exceed current capacity, given that beds have been removed from the system the Health Board will face a choice between increasing capacity, which could jeopardise financial plans, or managing clinical risk and tolerating delays at the front door. It was noted that the risk of surge capacity impacting the financial plan has been flagged; and the Board agreed last month to include this risk in the financial submission. It was also noted that operational adjustments may be necessary as the situation evolves over winter.

Mr Skitt emphasised the challenges of creating a winter plan without accompanying funding; and stressed the need to enhance current efforts with greater speed, particularly in areas such as Hospital at Home elements, admission avoidance, discharge protocols and redirection policies. He also emphasised the need for efficient operation across the organisation to meet the overarching plan's objectives.

Mr Thomas highlighted the financial risk as a potential barrier to achieving the £64m deficit target, while noting that historically, winter pressures funding from WG has been a way to allocate resources. He suggested the need for proactive financial planning at the start of the year to anticipate spikes in expenditure, while

acknowledging the difficulty of setting aside funds for winter challenges due to the Health Board's deficit. He also proposed reflecting the need for financial robustness in next year's plan to allow for scaling bed capacity as necessary.

Mr Ayres reflected on the importance of understanding and flexing the most effective interventions as winter approaches, while highlighting the importance of profiling demand and understanding activity peaks and troughs, particularly around ambulance handovers.

Mr Skitt stressed the importance of regional collaboration among all partners, including Local Authorities, Health Boards, and the third sector. He emphasised that a unified plan is essential for effective delivery and flow through the system, noting that he was encouraged by the Care Action Committee's recognition of the issue as a regional concern.

In response to Cllr Evans enquiry regarding Planning Objective 8: A Healthier Mid and West Wales (AHMWW) infrastructure, which is behind schedule due to delays in progressing the Strategic Outline Case (SOC) for the new Urgent and Planned Care hospital and Withybush Community hub, Mr Ayres indicated that whilst other milestones are being progressed by the Health Board within this planning objective, there are concerns on the implications of the delay in progressing the SOC for clinical services and the Health Board's ability to maintain the estate infrastructure.

In terms of Planning Objective 8: A Healthier Mid and West Wales infrastructure, Mr Ayres confirmed that the planning objectives are not aligned with the strategic objectives and that aligning both would accelerate progress on the new builds.

Mr Maynard Davies acknowledged that planned care, diagnostics and cancer are behind in terms of planning objectives but are key TI measures. He emphasised the need for a clear plan, especially regarding tumour sites such as urology and skin. The Committee noted the importance of understanding diagnostic capacity needs and the number of treatments required, while emphasising the goal of achieving an optimal backlog of 60% for three consecutive months.

Mr Carruthers highlighted the urgency of completing the necessary work ahead of January 2025, stressing the importance of SDODC satisfaction with the plans in place. He noted the fragility in the cancer diagnostic pathway due to tightened pay and increased sickness rates, while highlighting the challenges in scanning capacity and reporting delays.

SDODC agreed to alert the Board to the current Cancer position, requesting it to seek solutions to improve the situation; and advise the Board regarding the alignment of the Urgent and Emergency Care, Cancer and Diagnostics programmes with the

Clinical Services Plan. SDODC also agreed to advise the Board that that the Pembrokeshire model has provided a template for collaborative working across acute sites; and that SDODC will continue to closely monitor the situation.

Decision: The Strategic Development and Operational Delivery Committee :

- RECEIVED ASSURANCE on the current position in regard to the progress of the Planning aligned to the Strategic Development and Operational Planning Committee, in order to assure the Board that the Planning Objectives are progressing and are on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.
- ENDORSED the revised actions based on Welsh Government feedback from the TI meeting.
- ACCEPTED the specific oversight responsibilities for the areas set out in the assessment.

SDODC (24)110 Community & Long Term Care Quarterly Service Report

Ms Danielle Charles and Ms Tracy Devantier joined the meeting.

Ms Tracy Devantier presented the Long Term Care Performance Report, highlighting that there are currently 21 nursing homes across the three counties with a total potential capacity of 1,063 beds. The homes are a mixture of nursing and residential facilities, with the ratio being fluid. During Quarter (Q) 1 she indicated that no homes were subject to Escalating Concerns, although one home was being monitored under Provider Performance with a suspension on new admissions. This home is currently showing improvements and continues to receive support from various services.

Ms Devantier advised that the sector remains fragile and that the position is not isolated to HDdUHB but is prevalent across Wales. Ongoing efforts are being made to increase the availability of nursing and residential beds. She indicated that a recent application was received for a residential home in Ammanford to become a dual-registered nursing and residential home. This application was considered and approved. During the current quarter, two appeals and one dispute were received; five retrospective requests were submitted, and all activated claims were completed within the six-month timescale. Ms Devantier advised that there was an increase in the time taken to support protection applications, a trend observed across Wales.

Data shared previously with SDODC indicated that the Health Board was fully funding individuals for a prolonged period despite the agreement to fund for a maximum of two weeks. This has been reviewed, and there is currently a pause on the Discharge to Assess (D2A) model, with assessments now being completed in the hospital. The pathway team continues to be present in the hospital to support the process. Ms Devantier advised that data collection is ongoing as this is a trial period and will be reviewed

again at the end of November 2024 when it is benchmarked across England and Wales. A report including an option appraisal will be presented for consideration at that time.

In response to Mr Imperato's enquiry, Mr Skitt confirmed that the allocation of a social worker to patients on the D2A pathway was due to capacity at the Local Authority, who are challenging HDdUHB on the position they have adopted. While the 50-day challenge emphasises that assessments should not be conducted in hospitals, the Health Board's stance on this issue is financially motivated. Mr Skitt indicated that the Health Board would need to discuss joint funding with Local Authorities to reach a mutually agreeable position. He emphasised that it is crucial to work together as partners to agree the funding and assessment processes. The goal is to avoid the Health Board solely funding the current position and to find a collaborative solution.

Ms Devantier was unable to respond to an enquiry regarding HDdUHB's comparison with the rest of Wales in terms of Continuing Health Care (CHC) numbers across the region. She agreed to provide a short response when the information was available.

TD

In response to a further enquiry regarding sustainability in the care sector and the provider who remains unwilling to accept the Health Board's fees, Ms Danielle Charles indicated that ongoing conversations with the provider have not resulted in any progress, placing HDdUHB in a difficult position. The provider refuses to accept the standard fees for continuing NHS healthcare, and the Health Board is not presently prepared to agree to funded nursing care. Admissions into the home are not being declined, however, if residents become eligible for Continuing Health Care in the future, there is a possibility they may need to move. Ongoing discussions are taking place between the Legal teams regarding this matter.

SDODC agreed that the Board could be assured by this report.

Ms Charles and Ms Devantier left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:

- NOTED the content of this report
- RECEIVED ASSURANCE from the information provided

SDODC (24)111 WFGA Wellbeing Objectives Annual Report

Ms Trina Nealon joined the meeting.

Dr Bolam introduced the Well-being of Future Generations Annual Report 2023-2024, indicating that it is a requirement of the Board to incorporate it as part of annual planning.

Ms Trina Nealon indicated that the Well-being of Future Generations Act 2015 mandates public bodies to develop well-being plans and objectives; and that the current well-being objectives were developed in 2019 and agreed in 2020. The objectives align with the current Public Service Board (PSB) well-being plans. and are categorised into four themes. Each theme has two specific actions, resulting in a total of eight well-being objectives.

Ms Nealon also indicated that is a statutory duty to report on the progress of the Well-being of Future Generations Act. An annual report is therefore produced to highlight the progress towards achieving the well-being objectives. This year, staff were engaged to submit examples of work under each objective, resulting in 17 case studies being included in the report.

The case studies are wide-ranging and include examples from each of the four themes:

- Apprenticeship schemes
- Workforce inclusion
- Early intervention
- Prevention.

As the well-being objectives were originally developed in 2019-2020, an internal review will be conducted to assess their relevance and determine if amendments are needed.

The Committee commended the report and expressed his pleasure at the preventive work being undertaken.

In response to Mr Imperato's enquiry regarding the new Future Generations Commissioner requiring any change of emphasis, Ms Nealon indicated that she is currently unaware of any modifications to the role and function of these objectives, nor did she anticipate any future requests for review. The Future Generations Commissioner is a member of HDdUHB's Social Model Steering Group, which provides a valuable connection as the Health Board progresses. This is particularly significant as all well-being objectives are supported by a transition towards a social model approach.

In response to Ms Mark's question regarding the Carmarthen Hwb, Mr Maynard Davies advised that there are numerous facilities available. Most health-related services require appointments, however, there are also drop-in centres for housing and similar services. The requirements vary depending on the specific service. Dr Bolam agreed to provide more specific information such as whether GPs will be in attendance or GP referrals will be sent there.

BB

In response to Cllr Evans query regarding when Dr Bolam expects to present the report again, both Dr Bolam and Ms Nealon indicated that they may be in a position to provide advice, contingent on the broader strategic planning for the Health Board

early in the planning cycle, but the Board will consider the overall strategic alignment. It is essential to ensure that the emphasis on prevention and the well-being of future generations is fully aligned with the financial and other circumstances of the Health Board's delivery; and whether Welsh Government request any changes. Ms Nealon indicated that the 2024-25 report is likely to be presented at a similar time in 2025. Mr Weir expressed interest in seeing the report in terms of the clusters.

SDODC agreed that the Board could be assured by this report.

Ms Nealon left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:

- RECEIVED ASSURANCE that the Health Board is meeting the statutory obligations of the Well-being of Future Generations (Wales) Act, 2015 in the publication of this Annual Report.
- RECOMMENDED for publication Hywel Dda University Health Board's (HDdUHB) Well-being of Future Generations Annual Report for the period 1 April 2023 – 31 March 2024.

SDODC (24)112 PO7: Primary Care & Community Strategic Plan

Ms Sarah Bolton and Ms Anna Henchie joined the meeting.

Mr Skitt presented the Primary and Community Services Strategic Plan, indicating that transitioning services out of hospitals and into community services is crucial. He commended Ms Sarah Bolton and Ms Anna Henchie for their significant contributions.

Ms Bolton indicated the scope of involvement and the components necessary for the development of the Strategy. The Strategic Development Group, which meets monthly, oversees this work and reports to the A Healthier Mid and West Wales Group. In August 2024, the Board Workshops and Seminars included a series of sessions exploring various ideas and principles related to the contracting profession, specifically focusing on General Medical Services, Pharmacy, and Primary Care. Following these workshops, further actions were identified. The engagement phase, which took place throughout September 2024, has now been concluded. This phase included seven face-to-face events across each cluster, as well as online sessions. Although attendance was limited, the information gathered was highly valuable.

Ms Bolton advised that an in-depth analysis of all the information had been conducted using a thematic approach, resulting in several high-level themes. Much of this work related to the Social Model for Health and Well-Being, and emphasised prevention and early intervention to avoid the need for Primary Care services. The

public has clearly expressed a desire to understand what Primary Care is and what services are available within the Community, as well as to consider any new services that may be needed. There was also feedback regarding access, with all individuals requiring an appointment on the day they need it. However, there was also a notable understanding, derived from conversations with the HDdUHB population, about the pressures on the system. By informing people more about how the service can be used effectively, HDdUHB could achieve the goal of educating patients.

Ms Bolton indicated that workforce engagement was conducted via a questionnaire distributed to all staff, recognising that staff members are also patients of Primary and Community Care services. HDdUHB wanted to understand what matters to staff in terms of delivering services, particularly regarding the shift towards Primary and Community Care settings. The Committee noted that although the response rate wasn't high, most respondents offered a Primary Care perspective. Feedback emphasised the need for greater provision of Mental Health services within communities. Funding was a major concern, with a focus on investing in the estate and training to ensure an improved infrastructure fit for the future. Another significant point noted by the Committee, which aligns with recent Board discussions, was the need for better IT systems and digital access. An integrated system would reduce duplication and provide a comprehensive patient story. Additionally, the integration of AI technology was highlighted to enhance communication between Primary and Secondary Care.

Ms Bolton advised that the next stage involves utilising the information gathered, including the Primary Care Issues report published as part of the Clinical Services Plan in March 2024. In addition, a Communities Issues report has been developed by Ms Anna Henchie. The Development Group will report potential options to the Board on 28 November 2024. These options will then be put forward for consultation and engagement at the beginning of 2025.

In response to Cllr Evans enquiry regarding Tregaron Hospital and the progress of community provisions aimed at bringing care closer to home, Mr Skitt indicated that all beds have been successfully removed, and the Organisational Change Plan (OCP) has been completed with all staff. Most Tregaron Hospital staff have chosen to remain within the Community teams and will be based at the hospital site. This process is ongoing, and training for the staff is also in progress.

Regarding the broader model, Mr Skitt indicated that HDdUHB is witnessing the development of more Advanced Nurse Practitioners (ANPs) and Advanced Practitioners across various professions, particularly within the Ceredigion model. This is an area he intends to focus on in his new role as Service Director. Given the time scales, progress to date has been encouraging.

In response to Mr Maynard Davies' question regarding timescales for presentation of the Strategy to Board, Ms Bolton advised that the 28 November 2024 Board meeting will consider a set of themes and ideas, marking the next stage in the creation of the Strategy. These themes and ideas are derived from the cumulative feedback gathered from the Issues report and various engagement activities. The timeline for developing a Strategic Plan is projected to extend beyond Christmas, aiming for completion in April or May 2025. Ms Henchie indicated that it was noted in May 2024 that this is an exceptionally tight schedule for producing such a plan, which is based upon established strategic directions, including the Primary Care Model for Wales; and the Six Goals and A Healthier Mid and West Wales programmes. Additional resources have been requested to ensure thorough and effective consultation and engagement. The Committee noted that producing this work to the expected breadth and depth will require time and resources. There are concerns about the availability of these resources, which were highlighted last month.

SDODC agreed that the Board could be assured by this report.

Ms Bolton and Ms Henchie left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:

- NOTED the Primary and Community Services Strategic Plan update report for information

SDODC (24)113

Pharmaceutical Needs Assessment Six Months Review of Services

Mr Owain Williams joined the meeting.

Mr Owain Williams presented the Pharmaceutical Needs Assessment (PNA), indicating that the Health Board has an obligation to provide information, which was submitted and launched in October 2021. Over the last three years, two supplementary statements have been provided due to changes in pharmacy services. One dispensary practice relinquished their practice, impacting local pharmaceutical services, while another in Llanelli closed their business.

He advised that a new refreshed version of the PNA will be released within the five-year time period, with the process commencing in early 2025, and a small working group reviewing the entire process. The updated PNA will be presented to the relevant Committees and groups as required. To facilitate planning, a national meeting with Welsh Government and the Health Boards is scheduled for 7 November 2024; and will discuss the requirements for the PNA review and any changes to the regulations.

Cllr Evans commended the report.

Mr Williams left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:

- NOTED the Pharmaceutical Needs Assessment report.

SDODC (24)114 PO3: Six Goals Programme

Mr Skitt presented the Six Goals Programme Quarter 2 Update, acknowledging the significant efforts of workstream leads regarding the Six Goals programme. Rather than merely adding to their existing responsibilities, this initiative has expanded their roles across the Health Board, moving beyond their previous hospital or service-based functions. He indicated that workstream leads are in place, and actively advancing this work. The out-of-hours service is involved with its manager contributing to the process, thereby ensuring a comprehensive 24/7 approach. Compared to the last report to this Committee, Mr Skitt indicated that HDdUHB is in a much stronger position and is beginning to see early signs of stabilisation at the hospital sites concerning the deliverables under the Six Goals programme. These deliverables include the one-hour ambulance handover, the 12-hour Emergency Department breaches, pathways of care, and the waiting time to see a clinician, which is a crucial quality measure.

The Committee noted that stabilisation and improvement are being observed across two sites. However, one site, the largest, remains an outlier, affecting target delivery. Special interventions have been implemented, including the creation of an improvement hub on-site with effect from 1 November 2024. A twelve-week action plan is in place to address issues and challenges, particularly addressing the introduction of the WGH approach in GGH. The plan is expected to be ready by 13 November 2024.

Mr Skitt advised that a workshop was held with the national team, who reviewed and were satisfied with the approach and measures. The Q2 return has been submitted to WG, and a scrutiny process is scheduled for the week commencing 4 November 2024. The continuation of funding is contingent on meeting the required outcomes, which are expected to be met.

He also indicated that workstream leads are under significant pressure to deliver, and support is being provided by the Programme team. The 50-day challenge and its delivery are being focused on without detracting from the overall Six Goals programme, which is essentially a cultural change initiative rather than a strictly process-driven event.

Mr Skitt advised that national expectations are expected to change next year, with a new focus on respiratory disease and

falls prevention, adding another layer of targets for HDdUHB. The national team has also hinted at changes in the approach to urgent Primary Care services. Currently, HDdUHB runs a commissioned process with GP practices, funding them for additional urgent primary care appointments per day. The national picture is now shifting towards a Same Day Emergency Care (SDEC) model, similar to the Cardigan model, rather than an individual practice-based model. There is an expectation that the Health Board will be questioned on the absence of a walk-in model in Carmarthenshire and its implications for the future.

Mr Weir expressed appreciation for the positive presentation on managing Urgent and Emergency Care, acknowledging the complexity and challenges faced over the past two years. Commendation was given for the significant amount of work being done, particularly in addressing Pathway of Care Delays. It was noted that the target for Pathway of Care Delays was met in August 2024, with a decreasing trend observed. Continuous improvement was noted in Pembrokeshire and Ceredigion, while Carmarthenshire had seen an increase in numbers affecting the overall Health Board position. He also indicated that a regional approach had been implemented, involving Local Authorities and the Health Board in discussions to stimulate action and cross-learning. Quality improvement measures were being introduced in GGH to address local issues and flows.

Mr Skitt noted that a review of community hospitals' roles and their impact on pathway of care delays was planned, with an emphasis on ensuring that community hospitals are used appropriately and not as temporary holding areas.

He indicated that discussions with consultants and Local Authorities on tolerance levels and escalation processes to address individual cases are underway, with a focus on making decisions more expediently to avoid unnecessary delays.

In response to Mr Weir's enquiry regarding the position at the end of March 2025, Mr Skitt indicated that several targets may see a deterioration in January 2025 due to the challenging period over Christmas. The 50-day challenge highlights the need to aim for better performance than last year, alongside the importance of 7-day working and reassessing the Christmas period shutdowns, particularly in Local Authority arrangements. Efforts will be made to push for continuous operations going forward into next year.

Mr Skitt confirmed that clinical leaders were working collaboratively with Local Authorities across the Hywel Dda population. The Pembrokeshire model was highlighted as a significant example of partnership and improvement and Mr Skitt confirmed that the two to three-year project to foster ownership of issues and the vanguard work in Pembrokeshire, would be rolled out to other counties. He also acknowledged the significance of

clinicians leading the way; and the importance of motivating and engaging them to inspire others to join their efforts.

Cllr Evans offered his assistance from a Local Authority perspective, with dialogue or discussions. He also queried the current status of ambulance handovers, noting that GGH remains an outlier while WGH has the correct model in place. He enquired whether the issue is due to higher patient flow or cultural factors, given the ongoing discussions and lack of progress at GGH.

Mr Skitt indicated that numerous discussions, meetings, and preparations had taken place regarding the future model. Identifying the responsible individual is crucial for accountability and progress. The twelve-week plan and local Improvement teams are consulting to turn ideas into tangible actionable steps. He also indicated that the Health Board should avoid a one-size-fits-all approach, such as the WGH model, and instead tailor solutions to each site's unique context.

The Committee recognised that much of the required change is cultural rather than purely process-driven; and that efforts should focus on gaining acceptance and engagement from staff at each site.

Ms Marks highlighted the challenges of implementing the plan to provide the right care in the right place at the right time, and queried the actions being taken to address them. She also referenced the differing risk appetites between community nursing staff and clinicians in acute settings. Community nursing staff appear to have a higher risk appetite compared to their counterparts in acute settings. Ms Marks acknowledged that continued efforts are required to address these challenges and ensure the successful implementation of the Community Care plan.

Mr Skitt emphasised the importance of moving hospital resources, including beds, into the community, alongside the consideration of asking consultants in acute settings to manage and work with patients at home. He highlighted the need to use hospital buildings as bases for staff rather than confining them within the walls.

Mr Skitt also recognised the need for more interactive discussions and joint training between GPs and hospital consultants in the context of joint exercises and training, which are currently lacking; and would address the challenges of boundaries and handovers that cause delays. Mr Skitt also highlighted the need for quicker referral processes which would reduce delays caused by written or emailed referrals. He reiterated the goal to create seamless integration between Primary, Community, and Secondary Care.

The Committee noted that the digital deficit impacts patient care as clinicians may not have full access to a patient's entire record, which leads to delays. It was suggested that a request for Board approval of a Welsh Intensive Care Information System (WICIS) based platform would improve the situation, and Mr Skitt indicated that discussions had commenced with a potential digital partner and the Digital team.

Mr Ayres indicated that the Nuffield Review would provide helpful reflections on the Strategic Plan and emphasised the importance of integrating the Six Goals programme and the digital partner into the strategic refresh.

Mr Skitt acknowledged the historical challenges due to separate funding allocations; and indicated that the new structure is expected to enhance collaboration and operational efficiency. He agreed to provide a further update at the 27 February 2025 Committee meeting.

PS

SDODC agreed to advise the Board that the position was positive and requires further monitoring.

Decision: The Strategic Development and Operational Delivery Committee:

- NOTED the Six Goal's Programme progress against its Planning Objective as presented, including the associated risks, issues and considerations for each Workstream as highlighted.
- NOTED a proposed review of the Q3/Q4 Programme Plan with Key Programme Leads to ensure ongoing alignment between Programme Deliverables and Outcomes
- NOTED a Programme focus for Quarter Three on bringing ED breaches back in line with TI and Annual Plan trajectories and a review of Programme funding, budget reallocation possibilities and project closure planning where required

SDODC (24)115 PO5: Mental Health & CAMHS

Ms Karen Amner and Ms Kay Isaacs joined the meeting.

Ms Karen Amner presented the PO5: Mental Health and Child and Adolescent Mental Health Services (CAMHS): October 2024 update report, highlighting that Phase 2 of the 111 option 2 programme (which is a Ministerial Priority) is heavily reliant on Welsh Government for an advertising campaign to ensure that the entire population of Wales is aware of this service; and will be coordinated through each Health Board in Wales.

Ms Amner confirmed HDdUHB's compliance with ensuring that all individuals undergo a gatekeeping assessment prior to admission, confirming that all community options have been explored and

exhausted. Once admitted, timely reviews are conducted to consider if discharge can be facilitated.

In terms of medical wait times, work commenced in Q1 to cleanse data and examine caseloads to understand the waiting times challenge. Occupational therapy for learning disabilities shows an improving position despite 43 individuals waiting. Similarly, physiotherapy has 18 individuals waiting, but the position is improving. There has been an increase in physiotherapy referrals in Ceredigion.

Local awareness campaigns for 111 option 2 have been developed, and together with a national advertising campaign should increase awareness across Wales. This will ensure that both the public and professionals are aware of the dedicated line for managing individuals with mental health or learning disability requirements.

Autism Spectrum Disorder (ASD) services continue to face challenges in capacity and demand. However, the services have received non-recurrent funding from Welsh Government through the Regional Partnership Board (RPB), which will enable recruitment and help reduce waiting lists.

Ms Amner indicated that an organisational change process has recently been completed to ensure that staff within Community Mental Health teams and Crisis teams are working consistent hours across the three counties. This change aims to enhance the delivery of services as per the improved service specifications for community teams.

She also indicated that a significant amount of work had been undertaken following the 2023 Learning Disabilities report to engage and co-produce the service. This process is ongoing, and HDdUHB has recently reviewed the report presented to the Board to reconsider the best approach for delivering the Learning Disability Service Improvement Programme. The programme is progressing well, as indicated by its green status.

Ms Amner advised that the service for older adults has an amber status. This part of the service focuses on providing psychological assessments for older adults with functional conditions, such as anxiety or depression, rather than dementia. The goal is to provide assessment, formulation, and treatment. Recruitment is crucial for this work, and the next step involves hiring psychology assistants who are essential for these assessments.

Following a review required by the Health and Safety Committee, all Section 136 Places of Safety were evaluated. HDdUHB collaborated with external stakeholders, including the Police, Local Authorities and West Wales Action for Mental Health, to conduct a wider option appraisal on providing places of safety for adults and children. The conclusion was to provide one place of safety for

adults within the Health Board, with the preferred location being in Carmarthenshire.

Ms Charlotte Wilmshurst indicated that the preferred option would require approval from the Executive Team and the consultation aspect would be handled by the Engagement team prior to being presented for Board approval.

Ms Marks expressed her thanks to the staff answering distressing calls to the 111 Option 2 line, although she expressed concern at the expected volume of calls when the line is publicised more widely.

Ms Marks also expressed concern regarding serious risks arising from long delays in the diagnosis of ASD in children and young people. She referenced management of the waiting lists, with 40% of children and young people (CYP) waiting less than 20 weeks; however, this statistic does not fully capture the situation. The scale of this issue is significant, and HDdUHB is partially reliant on annual RBP funding. Consequently, the Health Board recruits and trains personnel, but there is uncertainty about retaining them. Ms Marks indicated that the risk perceived when engaging with staff is not adequately reflected in this document; and that as a Board, members should consider the implications of a child waiting five years for a diagnosis, which is quite distressing. In some cases, two LAs provide assistance without waiting for a formal diagnosis. They assess how to proceed based on the situation.

Ms Marks requested that that ASD team return to report to the Committee on the strategic approach to addressing these issues.

AL

Mr Carruthers indicated that the team have started to differentiate between ASD and ADHD to provide a clearer picture of status. However, the longest waiting times, which can be as long as 9-10 years in some cases across the UK are not reported. The team is working with the Mental Health Network Director nationally to explore opportunities for involvement in national pilots aimed at transforming performance in this area. There is a general acceptance that the current model and its performance measures are inadequate. HDdUHB lacks the capacity to meet these targets. He advised that the ASD team are also considering an alternative model which may address the actual risks but might not improve performance metrics. It is crucial to ensure that the Health Board addresses the core issues, as meeting performance targets alone does not guarantee timely access to treatment.

SDODC agreed to advise the Board of their concerns regarding serious risks arising from long delays in the diagnosis of ASD in children and young people.

Ms Amner and Ms Isaacs left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:

- NOTED the MH&LD Directorates progress against its Planning Objective as presented, including the associated risks, issues and considerations for each service area as highlighted.
- NOTED that assurances and mitigations against each service area's objectives are being managed/scrutinised through Business Planning, Performance and Assurance Group and Quality, Safety and Experience Group and that Quarterly monitoring and reporting arrangements have been developed.

SDODC (24)116 Integrated Performance Assurance Report

Mr Thomas presented the Integrated Performance Assurance Report (IPAR), highlighting the three directorates with the most concerning levels of escalation. A comparative analysis was conducted between the August and September 2024 escalation assessments to demonstrate the progress being made, namely de-escalations from Level 3 to Level 2 in areas of Planned Care and Women's and Children's services. These assessments are fluid and subject to change each month. In response to an enquiry regarding Planned Care targets for the current year, Mr Carruthers indicated that there is optimism that Planned Care will exceed the targets set in the Annual Plan, following recent WG discussions on funding allocation.

He also indicated that the Annual Plan submitted to WG indicated that 527 patients would be waiting over 104 weeks for orthopaedic treatment. Proposals submitted to Welsh Government have received support in principle, with a sum of money allocated to support these efforts. Further assurance on capacity to deliver has been provided, and a response is expected imminently.

Mr Thomas advised that clearing the backlog of 527 orthopaedic patients and managing the 300 patient risk identified in cataracts was anticipated. He indicated that the goal was to achieve a zero 104-week waiting position and reduce the maximum waiting time for non-surgical specialties to 36 weeks by the end of March 2025, marking a significant milestone.

The Committee noted that, aside from the discussed issues around cancer and urgent mental care, diagnostics remain a concern due to workforce challenges. Support from the Welsh Government for diagnostic funding has been received but does not fully cover the identified gap. Further opportunities for funding are being explored, recognising the importance of diagnostics to overall performance and pathway targets.

Mr Thomas indicated that the staff sickness chart indicated a definite upward trend, attributed to stress, anxiety, and depression, a trend observed across NHS organisations. Several key actions and initiatives were in place to address these issues, though they are not within the remit of SDODC. This matter falls under the responsibility of the People, Organisational

Development & Culture Committee (PODCC), along with the Executive Team. However, it is important to acknowledge and note the concern that these factors are driving the increase in staff sickness. While this Committee does not directly address the staff sickness issue, it holds overarching responsibility and should remain informed. The significance of the issue therefore warrants continued attention.

SDODC agreed to alert the Board that Cancer performance is still well below the target set in Targeted Intervention (TI) criteria; and to advise Board that it expects to be in a strong position to deliver or improve upon the Annual Plan trajectory.

Decision: From the IPAR – Month 6 2024/2025, the Strategic Development and Operational Delivery Committee:

- DISCUSSED the issues highlighted through this SBAR and the supporting IPAR overview
- RECEIVED ASSURANCE of the process and actions in place to address escalated directorates
- ADVISED of any issues to be escalated to the November Board meeting

SDODC (24)117 Capital Programme

Ms Eldeg Rosser joined the meeting.

Ms Eldeg Rosser presented the Capital Programme for 2024/25 and Capital Governance Update Report, highlighting the Capital Resource Limit (CRL) fixing exercise, during which the capital expenditure and project timelines for all projects within the 2024-2025 programme have been reviewed. The team has successfully reallocated some of the slippage and unspent funds from these schemes to other areas within the programme. The table on page six of the report, approved by the Capital Planning Group and the Capital Subcommittee, was presented for the Committee's endorsement.

Additionally, positive news had been received from Welsh Government in response to HDdUHB's bid for £7.8m for potential end-of-year beds. £1.8 m was approved, with £1.3m allocated for equipping and digital costs for setting up domains in Pentre Awel, and £500k for scope replacements in Wthybush Hospital. Furthermore, approval was granted for the Sexual Assault Referral Centre (SARC) project in Aberystwyth, amounting to £3.4m, allowing the Health Board to progress with this scheme in the coming months.

From the Subcommittee Update, Ms Rosser advised that there were a number of items to bring to the Committee's attention:

- There has been a delay in completing the Aseptic Business Justification Case (BJC) due to the lack of tenders for the project. HDdUHB is now pursuing an alternative procurement route and working with the Estates, Finance and Governance teams to present the BJC to the Board on 31 January 2025 for approval.

- The Capital Subcommittee has received a Backlog Maintenance Update report for 2023-2024, indicating that the value of the infrastructure backlog now stands at £255m, a significant increase from the £124m reported for 2022-2023.

In response to Mr Imperato's enquiry regarding the reason for the increase in the maintenance backlog, Ms Rosser indicated that increased scrutiny due to the Reinforced Autoclaved Aerated Concrete (RAAC) issue at Withybush Hospital, had led to the increase.

SDODC agreed that the Board could receive assurance regarding the reallocation of available Discretionary Capital Allocation in 2024/25.

Decision: The Strategic Development and Operational Delivery Committee:

- NOTED the update on the Capital Programme and CRL for 2024/25
- ENDORSED the reallocation of available resource in 2024/25
- NOTED the capital schemes governance update
- NOTED the RAAC update
- NOTED the update from Capital Sub Committee

SDODC (24)118 PO8: AHMWW Programme

Ms Rosser presented the Implementing the A Healthier Mid and West Wales Strategy which included an update on Planning Objective 8: Estates Plan, highlighting discussions with Welsh Government on the A Healthier Mid and West Wales programme which secured funding for Pentre Awel and the Carmarthen Hwb (which is currently in the construction phase). Ms Rosser indicated that further discussions are ongoing regarding major infrastructure developments.

She also indicated that the Property Asset Strategic Plan is being consolidated, with efforts to exit leases, supported by projects such as the Carmarthen Hwb and the Picton Terrace development.

The Estates team is working on an energy performance contract, which will require spend-to-save investments; and ongoing work continues on other milestones within the planning objective.

SDODC agreed to advise the Board that PO8: AHMWW infrastructure is behind schedule due to delays in progressing the Strategic Outline Case (SOC) for the new Urgent and Planned Care Hospital and Withybush Community hub.

Ms Rosser left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:

- NOTED the discussion with WG colleagues on the 12

September 2024 as provided in this report and the meeting to be arranged with the IIB

- NOTED the updated summary position relating to Planning Objective 8 Estates Plan, which is behind the programme set for the Planning Objective
- CONSIDERED the implications of an extended programme timeline

SDODC (24)119 ARCH/ Joint Committee Update

Mr Sion Charles joined the meeting.

Mr Sion Charles presented the A Regional Collaboration for Health (ARCH) Portfolio Update Report, indicating that the ARCH programme is progressing well. Discussions within the Joint Committee have introduced some flexibility regarding the future organisation of the programme., which may lead to different organisational structures for the programme.

He indicated that the Pathology programme is advancing, although it is affected by Welsh Government's decisions on capital projects. The team is working diligently, and there is hope for future approval to proceed with the Outline Business Case (OBC).

The Committee noted optimism regarding the commencement of the Regional Stroke programme on a more regional basis, with support being provided to the Hywel Dda and Swansea Bay areas, to find connections where possible.

Mr Charles highlighted the following:

- Regional Diagnostics and Eye Care programmes are still in the definition phase and awaiting guidance and future direction from the Joint Committee.
- Orthopaedics and Interventional Radiology programmes have made good progress. However, a team member has taken a role running the Interventional Radiology Network.
- The ARCH review has been completed and will be shared after the meeting. **SC**
- Regional Commercialisation and Strategy work, led and funded by the Welsh Government, has seen significant involvement from the ARCH team. The output of the investigation, workshops, and draft strategy is expected by 4 November 2024. Further information will be brought to the next meeting. **SC**
- Guidance from the ARCH Partnership and the ARCH Delivery Leadership Group is being sought on how to advance the regional commercialisation and strategy on a regional basis with Swansea Bay.

Mr Charles left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:

- NOTED the Hywel Dda UHB and Swansea Bay UHB regional discussions and the ARCH Portfolio Summary Update

SDODC (24)120 SDODC Work Programme 2024/25

The Strategic Development and Operational Delivery Committee NOTED the SDODC Annual Workplan.

SDODC (24)121 ANY OTHER BUSINESS

There was no other business reported.

SDODC (24)122 MATTERS AND RISK FOR ESCALATION TO BOARD

The WFGA Wellbeing Objectives Annual Report requires Board approval.

SDODC (24)123 DATES OF FUTURE MEETINGS

- Thursday 19 December 2024, 09:30 - 12:30
Venue: Virtual via MS Teams

- Thursday 27 February 2025
- Thursday 24 April 2025
- Tuesday 1 July 2025
- Thursday 28 August 2025
- Thursday 30 October 2025
- Thursday 18 December 2025
- Thursday 26 February 2026